PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09/831, 455

CLAIMS AS FILED - PART (Column 1)					(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN SMALL ENTITY		
TOTAL CLAIMS								RATE	FEE		RATE	FEE	· ·
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710:0 0	360
TOTAL CHARGEABLE CLAIMS			20 minus 20=		•			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			2 minus 3 =		•			X40=		OR	X80=		Ì
MULTIPLE DEPENDENT CLAIM PRESENT								+135=			+270=		
* If the difference in column 1 is less than zero, enter					r "0" in c	olumn 2		TOTAL		OR	TOTAL		·
CLAIMS AS AMENDED - PAR								IUIAL		On	OTHER	THAN	1
	<u> </u>	(Column 1)		(Colu	mn 2)	(Column 3)		SMALL	NTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	· 11 ·	Minus	• 2	20	= Ø		X\$ 9=		OR	X\$18=		
	Independent	• 3	Minus	***	B	= Ø		X40=		OR	X80=		1
	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	T CLAIM			+135=		OR	+270=		1
								TOTAL		OR	TOTAL		1
ADDIT, FEE											1		
AMENOMENT B:		- CLAIMS		- HIG	HEST		1	\$2.44	ADDI-			ADDI-	1
	i	REMAINING AFTER AMENDMENT		PREV	MBER OUSLY FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	•	Minus			8		X\$ 9=		OR	X\$18=		
	Independent	•	Minus	***	-,-1,	=		X40=		OR	X80=		1
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1	+135=		OR	+270=		1
								TOTAL		OR	TOTAL	•	1
		(Column 1)		(Coh	ımn 2)	(Column 3)		ADDIT. FEE		•	ADDIT. FEE		1
		CLAIMS	T		HEST	Toolominto	1		ADDI	1		ADDI-	-
AMENDMENT C		REMAINING AFTER AMENDMENT		PREV	MBER IOUSLY D FOR	PRESENT		RATE	ADDI- TIONAL FEE		RATE	TIONAL FEE	-
	Total	*	Minus	10		=	1	X\$ 9=		OR	X\$18=		1
	Independent	•	Minus	•••		=		X40=		1	X80=		1
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM]			OR		 	1
	If the entar in eats	mn 1 is loss than	the entry in col	umn 2 wri	te "0" in a	olumn 3.		+135=		OR	L	ļ	4
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***OFAL ADDIT. FEE												4	
**	'if the "Highest Nu The "Highest Nun	mber Previously I nber Previously P	Paid For IN TH aid For (Total o	iis space or Indepen	e is lese the dent) is th	an 3, enter "3." e highest numbe	er fo	und in the ap	propriate bo	x in a	olumn 1.		